

Statement of Organization Recipient Committee

R37
L
1474847

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination – See Part 5
 Date of termination

Date Stamp
RECEIVED AND FILED
 in the Office of the Secretary of State
 of the State of California
SEP 06 2024

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE SITIVI "STEVE" FAIAI FOR COUNCIL 2024			NAME OF TREASURER SITIVI "STEVE" FAIAI	
STREET ADDRESS (NO P.O. BOX) [REDACTED]			STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE [REDACTED]
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]			EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE 619-592-5988
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY N/A
FULL MAILING ADDRESS (IF DIFFERENT)			STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S) SITIVI "STEVE" FAIAI	
[REDACTED]	[REDACTED]		STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
Attach additional information on appropriately labeled continuation sheets.			EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE
			[REDACTED]	

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9-4-2024 By [REDACTED] ASSISTANT TREASURER

Executed on 9-4-2024 By [REDACTED] SIGNATURE OF [REDACTED] IDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME SITIVI "STEVE" FAIAI FOR COUNCIL 2024	I.D. NUMBER
--	-------------

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS US BANK	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]		

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
SITIVI "STEVE" FAIAI	LONG GROVE CITY COUNCIL	2024		<input checked="" type="checkbox"/>	REPUBLICAN
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
SITIVI "STEVE" FAIAI FOR COUNCIL 2024

4. Type of Committee (Continue)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
RUNNING FOR CITY COUNCIL

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR: N/A INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE

Small Contributor Committee _____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.